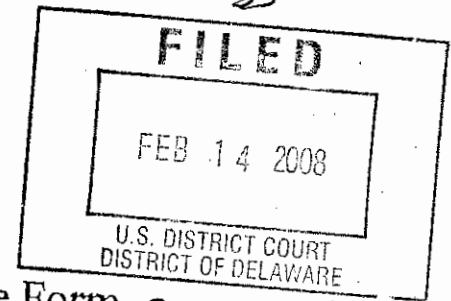


United States District Court
For the District of Delaware



Acknowledgement of Service Form *Scanned*
For Service By Return Receipt

Civil Action No. 08CV4-GMS

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Ch Hoof</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. Hoof-Aale</i></p> <p>C. Date of Delivery <i>2/12/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <i>SP</i></p>
<p>1. Article Addressed to:</p> <p><i>Conn. Medical Services DCC 1181 Riddock Rd. Smyrna DE 19977 08-4 GMS</i></p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7007 2680 0003 3006 5980</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>